

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Docket No. S1364-703819
		First Named Inventor or Application Identifier
		Edward Thomas et al.
Express Mail Label No.		EV 307783481 US
Date of Deposit		September 11, 2003

221410 S PTO
 10/661447

 09/11/03

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Calculation Sheet <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R, in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
		ACCOMPANYING APPLICATION PARTS	
3. <input checked="" type="checkbox"/> Specification [Total pages 9] <small>[5]- pages description [1]- pages abstract [3]- pages claims</small>		9. <input checked="" type="checkbox"/> Assignment Papers/cover sheet & documents(s)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 3]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney 	
5. <input checked="" type="checkbox"/> Oath or Declaration [Total sheets 2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application Serial No.: _____ i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 		11. <input type="checkbox"/> English Translation of Document (if applicable)	
<small>If box 5b is checked, the entire disclosure of the prior application from which the oath or declaration is supplied is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>		12. <input type="checkbox"/> Information Disclosure Statement PTO-1449 <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations 	
6. <input checked="" type="checkbox"/> Application Data Sheet, See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
		16. <input type="checkbox"/> Request and Certification Under 35 U.S.C. §122(b)(2)(B)(ii)	
		17. <input type="checkbox"/> Other: <hr/> <hr/> <hr/>	

18. NOTE TO PRACTITIONERS: If a CONTINUING APPLICATION, supply the requisite priority or continuity information in (1) the body of the application, or in a preliminary amendment, and (2) in an Application Data Sheet under 37 CFR 1.76.

19. CORRESPONDENCE ADDRESS

Correspondence address below

Customer Number: 37462

20. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary S. Engelson, Reg. No. 35,128
SIGNATURE	
DATE	9/11/03

Note: If filing an application in which no check is enclosed and in which the deposit account is not to be charged, **omit the Fee Calculation Sheet in its entirety**. This note itself should be deleted from the transmittal document in all cases.

Docket No.

Inventor(s): Edward Thomas and Joseph Demarco
Serial No.: Not yet assigned
Filed: Herewith
For: METHOD OF CONTROLLING FLUID FLOW

CHECK BOX, if applicable:

DUPLICATE

Fee Calculation Sheet

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	Fee
	TOTAL CLAIMS (37 CFR 1.16(c))	18-20=	0 x	\$ 18.00	= \$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3=	0 x	\$ 84.00	= \$ 0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) +			\$ 280.00	= \$ 0.00
				BASIC FEE (37 CFR 1.16(a))	\$ 750.00
				Fee for Petition for Extension of Time (if any)	\$ 0.00
				Other Fees (if any)	\$ 0.00
				Total of above Calculations =	\$ 750.00
				Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28)	\$ 0.00
				Assignment Recordation Fee (if any)	\$ 40.00
				TOTAL =	\$ 790.00

1. A check in the amount of \$ 790.00 is enclosed.

General Authorization to Charge Deposit Account

The Commissioner is hereby authorized to act in accordance with the boxes checked, below.

2. a. If the filing of any paper in this application necessitates the payment of a fee under 37 CFR §§ 1.16 or 1.17, and the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 50/2762.
- b. The applicant hereby revokes any prior authorization to charge a fee due under 37 CFR §§ 1.16 1.17 or 1.18.

General Request for Extension of Time

3. If the filing of any paper in this application necessitates an extension of time under 37 CFR §1.136(a), the applicant hereby requests such extension of time. If the fee due in such paper is in an amount different from any check enclosed with such paper or if no check is enclosed with such paper, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 50/2762.



Gary S. Engelson, Reg. No. 35,128
LOWRIE, LANDO & ANASTASI, LLP
Riverfront Office Park
One Main Street
Cambridge, Massachusetts, 02142
Tel. (617) 395-700

Date: September 11, 2003